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TITLE: Designing a Successful Acupuncture Treatment Program for Gulf War Illness

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## 1. INTRODUCTION:

This project continues our work in the investigation of acupuncture as a treatment for the symptoms of Gulf War Illness. The goals of this current application are: 1) Gather follow up data from our veteran participants (from our completed parent study *The Effectiveness of Acupuncture in the Treatment Of Gulf War Illness* W81XWH-09-2-0064) on current symptom levels and use of services to explore the long-term effects of an acupuncture treatment program, 2) Develop suggestions for how an acupuncture program may be implemented using the viewpoints of multiple stakeholders, 3) Develop a treatment manual for acupuncture practitioners explaining the most effective methods of treating the symptoms of GWI.

## 2. KEYWORDS: Gulf War Illness, Complex Medical Illness, Acupuncture, Treatment Trial, Secondary Data Analysis, Program Evaluation

## 3. ACCOMPLISHMENTS:

### What were the major goals of the project?

The goals of this current application are: 1) Gather follow up data from our veteran participants (from our completed parent study *The Effectiveness of Acupuncture in the Treatment Of Gulf War Illness*) on current symptom levels and use of services to explore the long-term effects of an acupuncture treatment program, 2) Develop suggestions for how an acupuncture program may be implemented using the viewpoints of multiple stakeholders, 3) Develop a treatment manual for acupuncture practitioners explaining the most effective methods of treating the symptoms of GWI.

### What was accomplished under these goals?

As planned in the Statement of Work, we have completed the tasks: 1. **Create program evaluation documents (Month 1):** Dr Conboy will finalize the survey instrument and focus group agenda. These materials will be circulated to all other study staff for feedback. Suggestions and edits will be made for submission to the IRB. 2. **Train research assistant, and review goals with consultants (Month 1-2):** Once funding is achieved the team will have a face-to-face meeting (using Skype for long-distance members) to review program goals. Follow-up group e-mails will solidify our process. 3. **IRB Review (Month 1-3):** The protocol was submitted to the IRB as soon as funding was approved. This approval took longer than expected (6 months) but now project has been approved by the New England IRB and HRPO April 12, 2016.

**Task 4.1 Program evaluation with study subjects:** All of the subjects who participated in the parent trial have been contacted with the goal of obtaining current information on their health and requesting the subject's interest in participating in a focus group with multiple stakeholders to help design the best acupuncture protocols and program for veterans. As of this date have contacted the original sample first with email (n=104). Those that did not respond were mailed an IRB approved letter requesting participation (n=89). We next sent invitation flyers to those that we have not heard from (n=55). Those that still have not responded have been called (n=48).

Once contacted subjects are mailed an IRB approved survey which: (1) repeats the survey questions administered in the parent study, (2) asks additional questions about subjects' study experiences, use of health services since the study, and requesting feedback and suggestions for program and treatment improvement. Informed consents are also mailed beginning this process (n=45).

### **Task 4.2 Program evaluation with multiple stakeholders (Month 11-22)**

We are planning the first set of meetings for November 19<sup>th</sup> and 20<sup>th</sup>. We decided to begin this process before the scheduled date (per the Statement of Work) as the re-surveying of the veteran-study subjects is proving more time consuming than planned.

Named members for the November 19<sup>th</sup> and 20<sup>th</sup> meeting include: (1) Joe Chang Lic Ac, an acupuncturist with experience working in military settings; (2) Marc Goldstein MD, a physician at the VA in Boston MA who was the medical screener for the parent project; (3) Meredith St John Lic Ac, an acupuncturist and designer of the protocol for the parent project; (4) Dr. Christine Chronin DAOM, a former Marine and clinical supervisor Pacific College of Oriental Medicine's Veteran Clinic of San Diego, (5) Rosa Schnyer Lic Ac, DAOM, an acupuncturist and researcher expert on the design of scientific acupuncture protocols and complex conditions who was the lead acupuncture consultant on the parent grant, (6) John Coville Lic Ac, the first acupuncturist to work in the Massachusetts VA hospital in Beverly, MA.

**Task 4.2.4 Conduct Delphi process (Month 18-22).** The Delphi process has begun with the initial treatment questions being drafted by collaborator Rose Schnyer DAOM. The 5 (from a complete sample of 31) treating practitioners from the parent study with the best treatment responses and who agree to participate will come together with the named members of our study team on the afternoon of November 20<sup>th</sup>, to review those questions.

### **What opportunities for training and professional development has the project provided?**

Not Applicable/Nothing to Report.

### **How were the results disseminated to communities of interest?**

We are still working on data collection, but using two forums will be reviewing our process, and how this grant fits in with our other two Army-funded GWI projects:

1. April 24, 2016 we have been invited to give a scientific talk reviewing the results of the parent grant (*The Effectiveness of Acupuncture in the Treatment of Gulf War Illness* (W81XWH-09-2-0064) and secondary data analysis grant (*Bench to Bedside: Understanding Symptom Response to Acupuncture Treatment and Designing a Successful Acupuncture Treatment Program* (W81XWH-14-1-0533)) at the University of California's medical campus (San Francisco campus). This speaker series attracts scientists in the area; in particular the talk is being advertised to members of the VA and collaborators.

2. We also submitted (and are accepted to present) an abstract (***Using Acupuncture to Treat Complex Veteran Illness***) displaying our results at the Osher Center for Integrative Medicine Network Forum in Boston MA, Nov 18<sup>th</sup>, 2016 (<http://oshercenter.org/integrative-medicine-network-forum-2016/>). In addition to a poster presentation, our project was one of only 10 chosen to be presented as an oral presentation.

We have also been invited to write a lay version of our Plos\_1, parent trial paper (*The Effectiveness of Individualized Acupuncture Protocols in the Treatment of Gulf War Illness: A Pragmatic Randomized Clinical Trial.* attached) for the acupuncture trade publication ACUPUNCTURE TODAY. This product is currently being written and will inform the acupuncture community of our results. This periodical is the leading supplier of acupuncture and Chinese Medicine information in the country (<http://www.acupuncturetoday.com>).

### **What do you plan to do during the next reporting period to accomplish the goals?**

We will continue with these projects to produce manuscripts. As well, we will continue to network with other researchers, within and outside the VA, to disseminate our results and strengthen a network of collaboration; for example, we have begun to create a network of VA clinicians and researchers who are interested in Integrative Medicine including Cathy St Pierre MD (Bedford, MA VA), Stephanie Taylor PhD (Associate Director of Health Services Research and Development, Veterans Administration), Kristen Tillisch MD (Ronald Reagan UCLA Medical Center), Dee Lane (Founder of Campaign for Military Families, Burlington MA), Christine Cronin DAOM (Faculty member Pacific College of Oriental Medicine and Clinic Supervisor at the Veterans Free Clinic, American Legion Post #731).

#### **4. IMPACT:**

##### **What was the impact on the development of the principal discipline(s) of the project?**

Nothing to Report

##### **What was the impact on other disciplines?**

Nothing to Report

##### **What was the impact on technology transfer?**

The results of this project will allow for a smooth implementation of an acupuncture treatment program for veterans, active military personnel, and the general citizen. This information will be most easily applied by, and results will be supplied to, the Department of Veterans Affairs.

##### **What was the impact on society beyond science and technology?**

Our results have the potential to inform medical decision making in support of acupuncture as a viable treatment for veterans with GWI.

#### **5. CHANGES/PROBLEMS**

Nothing to Report

#### **6. PRODUCTS:**

##### **Publications, conference papers, and presentations**

We are still working on data collection, but using two forums will be reviewing our process, and how this grant fits in with our other two Army-funded GWI projects:

1. April 24, 2017 we have been invited to give a scientific talk reviewing the results of the parent grant (*The Effectiveness of Acupuncture in the Treatment of Gulf War Illness* (W81XWH-09-2-0064) and secondary data analysis grant (*Bench to Bedside: Understanding Symptom Response to Acupuncture Treatment and Designing a Successful Acupuncture Treatment Program* (W81XWH-14-1-0533) at the University of California's medical campus (San Francisco campus).
2. We also submitted (and are accepted to present) an abstract (*Using Acupuncture to Treat Complex Veteran Illness*) displaying our results at the Osher Center for Integrative Medicine Network Forum in Boston MA, Nov 18<sup>th</sup>, 2016 (<http://oshercenter.org/integrative-medicine-network-forum-2016/>). In addition to a poster presentation, our project was one of only 10 chosen to be presented as an oral presentation.

##### **Journal publications**

The results of the parent trial were published in Plos\_1 (<http://dx.plos.org/10.1371/journal.pone.0149161>): *The Effectiveness of Individualized Acupuncture Protocols in the Treatment of Gulf War Illness: A Pragmatic Randomized Clinical Trial.*

In addition to the manuscripts listed above, we are also working on a manuscript describing our successful recruitment and subject adherence strategies for the journal CLINICAL TRIALS. We are excited to share our

processes here as the published literature suggests that GWI is difficult to recruit for, and subjects are often challenged to adhere for lengthy behavioral trials (ours was a 6 month-treatment trial).

### **Books or other non-periodical, one-time publications.**

Nothing to Report

### **Other publications, conference papers, and presentations.**

An overview of our Army work to date (on grants 1. *The Effectiveness of Acupuncture in the Treatment of Gulf War Illness* (W81XWH-09-2-0064), 2. *Bench to Bedside: Understanding Symptom Response to Acupuncture Treatment and Designing a Successful Acupuncture Treatment Program* (W81XWH-14-1-0533), 3. *Designing a Successful Acupuncture Treatment Program for Gulf War Illness* (W81XWH-15-1-0695) was presented at the Massachusetts College of Pharmacy and Health Sciences (MCPHS) FACULTY FORUM (May 3, 2016) and received the only award given for science. Opportunities to network such as this have led to Dr. Conboy now serving on two veteran health committees inside the MCPHS community; positions which will facilitate future collaborations.

### **Website(s) or other Internet site(s)**

The publication of our parent grant project results *The Effectiveness of Individualized Acupuncture Protocols in the Treatment of Gulf War Illness*, which was published in Plos\_1 (<http://dx.plos.org/10.1371/journal.pone.0149161>) was highlighted on the Gulf War Illness specific WEB site, 91 Outcomes ([www.91outcomes.com](http://www.91outcomes.com)) on April 12, 2016. In addition, 91 Outcomes referenced our work, through the CDMRP Website, as part of the GWI Researcher Resource Initiative (October 21, 2016).

### **Technologies or techniques**

Nothing to Report

### **Inventions, patent applications, and/or licenses**

Nothing to Report

### **Other Products**

Nothing to Report

## **7. PARTICIPANTS & OTHER COLLABORATING ORGANIZATIONS**

### **What individuals have worked on the project?**

Name:	Lisa Conboy
Project Role:	Principal Investigator
Researcher Identifier:	ORCID # 0000-0003-2218-7841
Nearest person month worked:	5

**Contribution to Project:** Dr. Lisa Conboy has acted as the Principal Investigator on this project. She is the main statistician, completing data cleaning and scale construction of the biomedical survey data. Dr. Conboy has conducted regular meeting with consultants, co-investigator and research assistants on the project.

Funding Support: N/A

Name: Meredith St. John  
Project Role: Treatment Specialist  
Researcher Identifier: N/A  
Nearest person month worked: 1

**Contribution to Project:** **Meredith St. John** has acted as Treatment Specialist for this project. She has reviewed acupuncture specific data from research assistant and consultants.  
Funding Support: N/A

Name: Kai-Yin Hsu  
Project Role: Study Specialist  
Researcher Identifier: ORCID # 0000-0002-5062-9953  
Nearest person month worked: 1

**Contribution to Project:** **Kai-Yin Hsu** is the Study Specialist for this project. She has coded and organized acupuncture specific data. She has participated in regular meetings with her PI and consultants.  
Funding Support: N/A

Name: Beth Ann Schmitt  
Project Role: Research Assistant  
Researcher Identifier: N/A  
Nearest person month worked: 1

**Contribution to Project:** **Beth Ann Schmitt** is the Research Assistant for this project. She has assisted with recruitment. She has participated in regular meetings with her PI and consultants.  
Funding Support: N/A

**Has there been a change in the active other support of the PD/PI(s) or senior/key personnel since the last reporting period?**

Nothing to Report

**What other organizations were involved as partners?**

Nothing to Report

## **8. SPECIAL REPORTING REQUIREMENTS**

Not Applicable

## **9. APPENDICES**

Parent project results published in Plos 1 (<http://dx.plos.org/10.1371/journal.pone.0149161>)

Three posters presented at Society for Acupuncture Research 2015

1. *How TCM Practitioners Treat Gulf War Illness; findings of an RCT with individualized treatments*
2. *A Case Study of Gulf War Illness in a Woman*
3. *Improvements in Perceived Social Support and Health Behaviors following Acupuncture Treatment in a Veteran Population*

Abstract to be presented at Harvard Medical School/Osher Forum

*Using Acupuncture to Treat Complex Veteran Illness*

Abstract to be presented at Society for Acupuncture Research 2017

*Development of Therapeutic Alliance in Acupuncture Treatments in a Veteran Population*

## **How TCM Practitioners Treat Gulf War Illness; findings of an RCT with individualized treatments.**

Joe Chang LicAc, Lisa Taylor-Swanson Lic Ac, Rosa Schnyer DAOM, Lisa Conboy MA MS ScD.

### **Purpose:**

This project describes the presentations and treatment of Gulf War Illness (GWI) from a TCM point of view using various retrospective analysis techniques. Patient data comes from a completed 3.5-year Army-funded RCT “The Effectiveness of Acupuncture in the Treatment of GWI”. Individualized acupuncture treatments were administered by practitioners in the community for a possible treatment window of 6 months. A standardized treatment protocol was not used; instead experienced practitioners were given training in the known medical information of GWI, and encouraged to treat with discretion while keeping detailed treatment records. We found positive results using our biomedical outcome measurements and now turn to better understand what took place during the individual diagnosis and treatment plans. Our naturalistic data, is heterogeneous and complex representing the work of 32 practitioners treating the range of GWI presentations in the best manner they know, with only limited restriction (e.g. herbs were not allowed).

**Methods:** First, to better understand how patient presentations change over time, we map (using a sample of patients) each symptom using Matrix Analysis to visually explore the relationships between symptoms and diagnoses offered at baseline with those gathered over the course of treatment. Second, we use cluster analysis to empirically look for linkages between factors presented at baseline (signs, symptoms, diagnosis) to begin to articulate how to talk about GWI in terms of TCM. Our eventual project goal is to add treatment data and develop a TCM model (or models) for GWI.

**Results:** We are currently implementing these descriptive analyses.

**Conclusion:** GWI is not a recognized TCM diagnosis but the novelty of our emergent treatment data may offer new answers to difficult treatment questions. We are consolidating our clinical data into a form that practitioners can use to improve the health of GWI veterans and others with similar complex illnesses.

## A Case Study of Gulf War Illness in a Woman

Lisa Taylor-Swanson Lic Ac, Lisa Conboy MA MS ScD

**Background** Gulf War Illness (GWI) is a complex illness with multiple symptoms, including fatigue, sleep and mood disturbances, cognitive dysfunction and musculoskeletal pain. Symptoms are often severe in intensity and interfere with activities of daily life. People with GWI experience comorbid medical diagnoses, including chronic fatigue syndrome, fibromyalgia, irritable bowel syndrome, arthralgia, depression, and anxiety disorders. GWI has not been found to create a unique syndrome by sex (Shapiro, Lasarev, & McCauley, 2002); however, there is evidence of differential endocrine change by sex (Craddock et al., 2014). Little research has evaluated women's experiences of GWI; therefore, the purpose of this study is to evaluate one woman's symptoms and change over time during the course of receiving bi-weekly acupuncture care.

**Methods** One female participant's chart notes were randomly selected. Thematic content analysis was employed to determine themes in symptoms and change over the course of 17 acupuncture treatments.

**Results** This woman experienced at the first office call: back pain (main complaint), abdominal pain, depression, anxiety, temperature dysregulation, poor sleep, irregular menses, thirst, headache, fatigue, recurrent urinary tract infections, restless leg syndrome and floaters in her vision. Her differential diagnosis was KD Qi deficiency and LIV Qi stagnation. Over the course of treatment, her back pain was decreased and sleep, mood, memory and concentration improved. However, she had not had a menstrual period in seven months. Her differential diagnosis was relatively stable over the course of treatment, except the addition of HT, LIV and KD Yin deficiency, and LIV Yang rising.

**Conclusions** Multiple systems are affected by GWI and biweekly treatment with acupuncture decreased several symptoms in this case. However, persistent endocrine dysregulation, evidenced by amenorrhea, indicates that ongoing acupuncture care might be beneficial. Ongoing imbalances of Yin, Yang and Qi indicate the level of severity of dysregulation in GWI.

# **Improvements in Perceived Social Support and Health Behaviors following Acupuncture Treatment in a Veteran Population**

**Lisa Conboy MA MS ScD and Christine Cronin DAOM**

**Purpose:** There is a growing body of evidence that acupuncture treatment is effective and well tolerated by a veteran population. Less is known about the stage of reintegration a time at which the service member can face social, psychological and physical challenges<sup>1</sup>. Social support is a known predictor of health status and correlate of health improvement. Scientific attempts to administer social support have shown at best moderate effectiveness<sup>2</sup>. This analysis considers if acupuncture treatment is associated with improvements in social support and healthy behaviors in a veteran sample.

Statistics of CAM use within military populations ranges from 23% to 81.5% depending on the population surveyed and the types of CAM surveyed<sup>1-9</sup>. Despite its varied use among veterans and military populations, 69 % of active military reported they would use CAM if it was provided in a military treatment facility (MTF) between 69%<sup>2</sup> and 73% to 99.5% of veterans would utilize CAM modalities it offered within the within the VA healthcare system<sup>3,5</sup>.

A 2002 study involving CAM use in military veterans found that 49.6% (252 of the 508 subjects surveyed) reported CAM use and that military veterans who use/d CAM were significantly less likely to drink more than 2 alcoholic beverages/day and were less likely to be current smokers <sup>1</sup>.

In 2013, our study team competed the Army funded project “The Effectiveness of Acupuncture in the Treatment of Gulf War Illness” (W81XWH-09-2-0064). This Phase II Randomized Controlled Trial (n=104) tested the effects of individualized acupuncture treatments offered in extant acupuncture practices. Statistically and clinically significant improvements were found after 6 months of treatment for our primary outcome analysis the SF-36 physical component scale score (SF-36P), as well as pain, and self-reported main complain. Measurement of Perceived Social Support as well as health behaviors were also recorded at baseline, 2, 4 and 6 months using validated reliable surveys.

## **Methods:**

**Results:** Statistically significant (to  $p \leq 0.05$ ) improvements were found in subjects perceived social support<sup>3</sup> post program. Interestingly these affective changes were not due to the addition of new social contacts as we found no statistically significant changes in social networks<sup>4</sup>. The improvements appear to be due to changes in how the individuals feel in relation to their social world. Subjects also reported decreases in alcohol and tobacco use.

**Conclusion:** Acupuncture treatment may help veterans engage in positive health behaviors and feel more supported in their social world, and this increased support is associated with a broad range of positive mental and physical health effects. Such changes can help with re-integration to civilian life.

**Harvard Medical School/Osher Forum Abstract**  
**Using Acupuncture to Treat Complex Veteran Illness**

Authors: Joe Chang LicAc, Lisa Taylor-Swanson Lic Ac, Rosa Schnyer DAOM, Lisa Conboy MA MS ScD.

**Purpose:**

This project describes the presentations and treatment of Gulf War Illness (GWI) from a TCM point of view using various retrospective analysis techniques. Parent data comes from a completed 3.5-year Army-funded RCT “The Effectiveness of Acupuncture in the Treatment of GWI”. Individualized acupuncture treatments were administered by practitioners in the community for a possible treatment window of 6 months. A standardized treatment protocol was not used; instead experienced practitioners were given training in the known medical information of GWI, and encouraged to treat with discretion while keeping detailed treatment records. We found positive results using our biomedical outcome measurements and now turn to better understand what took place during the individual diagnosis and treatment plans. Our naturalistic data, is heterogeneous and complex representing the work of 32 practitioners treating the range of GWI presentations in the best manner they know, with only limited restriction (e.g. herbs were not allowed).

**Methods:** First, to better understand how patient presentations change over time, we map (using a sample of patients) each symptom using Matrix Analysis to visually explore the relationships between symptoms and diagnoses offered at baseline with those gathered over the course of treatment. Second, we use cluster analysis to empirically look for linkages between factors presented at baseline (signs, symptoms, diagnosis) to begin to articulate how to talk about GWI in terms of TCM. Our eventual project goal is to add treatment data and develop a TCM model (or models) for GWI.

**Results:** We are currently implementing these descriptive analyses. Results will be discussed in the context of our labs' other GWI projects.

**Conclusion:** GWI is not a recognized TCM diagnosis but the novelty of our emergent treatment data may offer new answers to difficult treatment questions. We are consolidating our clinical data into a form that practitioners can use to improve the health of GWI veterans and others with similar complex illnesses.

## Society for Acupuncture Research Abstract

### Development of Therapeutic Alliance in Acupuncture Treatments in a Veteran Population

Authors: Saadat Bagherigaleh, MD, Lisa Conboy MA MS ScD

#### Purpose:

While it is well accepted in psychotherapy that Therapeutic Alliance (TA) is vital to treatment effectiveness, less is has been studied about TA in other health fields such as Acupuncture. TA is purported to create the necessary climate and conditions in which other intervention contents can be successfully delivered by the therapist and absorbed by the patient. Some research also suggests that more patient-practitioner agreement on the quality of the patient-provider relationship, termed concordance, is related to better clinical outcomes.

In 2013, our study team completed a Phase II Randomized Controlled Trial (n=104) testing the effects of individualized acupuncture treatments offered in extant acupuncture practices. In addition to measuring physical and psychological symptoms we also included measures of study experience including TA, collecting both patient and practitioner experiences at multiple points in time during the study.

#### Methods:

Horvath's Working Alliance Inventory (WAI) was used to measure TA. The WAI contains 36 items, with three subscales (Task, Goal, and Bond). Each item is scored on a 7-point scale ranging from 1 (never) to 7 (always). The WAI has strong published support for reliability and validity. The WAI was administered to both subjects and clinicians at baseline, 2, 4, and 6 months of study exposure.

Average WAI scores were calculated for each participant and practitioner and results for each factor were graphed by patient-practitioner dyad over time. Linear regression models are used to measure the influence of degree of concordance on the outcomes of pain and physical function.

#### Results:

Over time, dyads reported increasingly positive scores on the WAI as the study progressed, and dyads moved toward higher levels of concordance. Regression analysis suggest that concordance across subscales results in improved outcomes.

Conclusion: These findings suggest that acupuncturists are skilled at gaining and improving therapeutic alliance.

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<sup>1</sup> Adler, A. B., Zamorski, M., & Britt, T. W. (2011). The psychology of transition: Adapting to home after deployment. In Adler, A. B., Bliese, P. D., & Castro, C. A. (eds.), Deployment psychology. Washington, DC: American Psychological Association.

<sup>2</sup> Saab PG, et al. ENRICHD Investigators.(2009). The impact of cognitive behavioral group training on event-free survival in patients with myocardial infarction: the ENRICHD experience. *J Psychosom Res*. 2009 Jul;67(1):45-56. Epub 2009 Apr 1.

<sup>3</sup> Cohen, S., et al (1985). Measuring the functional components of social support. In I. G. Sarason & B. R. Sarason (Eds.), Social support: Theory, research and application (pp. 73-94). The Hague, The Netherlands: Martinus Nijhoff.

<sup>4</sup> Cohen, S., et al (1997). Social ties and susceptibility to the common cold. *Journal of the American Medical Association*, 277, 1940-1944